(SEE PRIVACY ACT STATEMENT ON REVERSE)

COMMUNITY HEALTH NURSING – CASE REFERRAL

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

TO: *(Name and location)*	FROM: *(Name and location)* CDR USAMEDDAC ATTN MCXR PM CHN E 2480 LLEWELLYN AVE FORT MEADE MD 20755-5800

1. NAME OF PATIENT *(Last, First, Middle Initial)*		2. ADDRESS OF PATIENT *(Give specific directions)*
3. DATE OF BIRTH	4. HOME PHONE	
5. NAME OF SPONSOR *(Last, First, Middle Initial)*		
6. GRADE AND SSN	7. OFFICE PHONE	

8. ORGANIZATION

9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of the medical information relevant to this referral to the _____

_____

_____ _____

Signature of Patient (or person authorized to consent for patient) *Date*

10. REASON FOR REFERRAL; OTHER SIGNIFICANT DATA

a. Patient was seen by the Exceptional Family Member Program (EFMP) staff today for the following reason(s):

☐ Family member OCONUS or remote location screening

☐ Initiating or updating EFMP enrollment

☐ PCS service coordination

☐ Other: _____

_____

b. Date of last physical exam: _____

c. Please assist the patient to obtain the following document(s):

☐ Completed EFMP medical summary

☐ Completed EFMP educational summary

☐ Completed mental health appendix

☐ Completed asthma appendix

☐ Current physical exam

☐ Other: _____

_____

11. SIGNATURE OF INITIATOR	12. DATE

13. LOCATION OF RECORDS (Check applicable box(es))

MEDICAL RECORDS ☐ ARE ☐ ARE NOT IN FILES OF THIS INSTALLATION.

FAMILY RECORDS ☐ ARE ☐ ARE NOT IN FILES OF THIS INSTALLATION.

This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.

DA FORM 1 SEP 79 3763

REPLACES DA FORM 3763, 1 SEP 75 and DA FORM 3763-R, 26 SEP 75, WHICH ARE OBSOLETE.

MEDDAC (Ft Meade) OP 398

Community Health Nursing -- EFMP Case Referral

14. REPORT OF FINDINGS AND RECOMMENDATIONS

15. SIGNATURE OF INDIVIDUAL COMPLETING ITEM 14.	16. DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 US Code 301; 10 US Code 1071; 42 US Code; 44 US Code 3101.

2. PRINCIPAL PURPOSE(S): Provides a means for medical and allied medical personnel to refer individuals and families for Army community health nursing services.

3. ROUTINE USES: a. To refer patients or family units to other military and civilian health and welfare agencies or to Army community health nurses at other military installations.

b. A case referral which contains medical information requires written consent of the patient or legal representative prior to release to a civilian agency.

c. A doctor's signature is required when medication and/or treatments are ordered.

d. To provide continuity of care, minimize duplication of effort and furnish accurate information to other health care providers.

e. When case is completed or inactive, one copy of record is returned to the initiator (item 2, above) and duplicate copies of record are destroyed when no longer needed.

4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary, however, failure to provide information may prevent continuity of care, cause duplication of effort and prevent accuracy of information to other health care providers.